

FILED

JUL 26 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

LAWRENCE HARRY PAIMER

Plaintiff,

V.

CALIFORNIA DEPT. OF
CORRECTIONS; et. al.,
Defendant

CASE NO C 07-2837 SI (pr)

MOTION FOR ENLARGEMENT
OF TIME

Fed. R. Civ. P. Rule 6 (b)

Plaintiff moves in this court before the Honorable District Court Judge Susan Illston for a second enlargement of time in accord with Fed. R. Civ. P. Rule 6 (b) or for the court to make other provisions or orders necessary in order to allow plaintiff to proceed In Forma Pauperis.

Plaintiff has submitted In Forma Pauperis application appropriately as required following institutional procedures, but, was rejected by High Desert State Prison. (see Exhibit).

//

1 Plaintiff has submitted the application a
2 second time same as first in accordance
3 with institutional procedures with this courts
4 self addressed stamped envelope.

5 I declare under the penalty of perjury
6 the foregoing is true & correct
7

8 July 23, 2007

Laurence Harry Pamer

9 "

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VERIFICATION

(C.C.P. §§ 446, 2015.5; 28 U.S.C. § 1746)

1 I, Lawrence Harry Pamer declare under the penalty of perjury that:

2 I am the PLAINTIFF/PETITIONER in the attached; I have read the foregoing
3 document(s) and know the content(s) thereof; that the same is true of my own
4 personal knowledge, or upon information and belief which I believe to be true;
5 that if called to testify as to the contents thereof, I could do so competently
6 as a sworn witness. Executed on this 15 day of June, 2007 at
7 High Desert State Prison, Susanville, California.

8 Lawrence Harry Pamer
DECLARANT / IN PRO SE

PROOF OF SERVICE BY MAIL

(C.C.P. §§ 1013(a), 2015.5; 28 U.S.C. § 1746)

11 I, Lawrence Harry Pamer hereby declare: That I am a resident of
12 H.D.S.P. Susanville, California; am over the age of eighteen (18)
13 years; I AM a party to the above entitled action; My Mailing address is
14 H.D.S.P. P.O. Box 3030, Facility 'A' Building 2, Susanville, California.
15

16 I served the attached document(s) entitled: Application to Proceed IN
17 Forma Pauperis Inmate Request Form & Trust account Form
18 on the persons/parties specified below by placing a true and correct copy of said
19 documents into a sealed envelope(s) with the appropriate postage affixed thereto
20 and placing said envelopes into the United States Mail at: H.D.S.P. Facility 'A'
21 Building 2, Susanville California addressed as follows:
22 To: Mail Room & Trust Office c/o (Self addressed Envelope)
23 U.S. District Court,
24 450 Golden Gate Ave, P.O. Box 36060
San Francisco, CA 94102-9680

25 I declare under the penalty of perjury under the laws of the State of
26 California the foregoing is true & correct and that this declaration was executed
27 on 19 day of June, 2007 at Susanville, California.

28 Declarant/Pro/Se Lawrence Harry Pamer Signature Lawrence Harry Pamer

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE <i>June 19, '07</i>	TO <i>Trust Office</i>	FROM (LAST NAME) <i>Pamer</i>	CDC NUMBER <i>K-06327</i>
HOUSING <i>A-2</i>	BED NUMBER <i>111 Low</i>	WORK ASSIGNMENT <i>NA</i>	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Please attach a certified Trust account statement with In Forma Pauperis Application and forward to District Court

Thank You

INTERVIEWED BY <i>[Signature]</i>	DISPOSITION <i>AI (Sup)</i>	Do NOT write below this line. If more space is required, write on back.
SEE ATTACHED STATEMENT		PROCESSED JUL 18 2007 HDSP

TRUST STATEMENT CERTIFICATION
RETURN TO INMATE**PROCESSED**

JUL 18 2007

Date Returned: HDSPINMATE: Famer CDC# K06327 HOUSED: A2-111

Your paperwork for a Certified Statement is being returned. Please follow the institutional procedures listed below for the proper processing of your certification:

1. Submit your Certification Form and any other attachments to the **Mail Room** with a self-addressed stamped envelope to the proper court for processing/mailing.
2. The Mail Room will forward the Certification Form to the Trust Office for completion.
3. The Trust Office will return the completed Certification Form to the Mail Room.
4. The Mail Room will then log your legal mail on your Legal Card and mail out.

This ensures proper processing and mailing of your legal material.

Thank you.

INMATE TRUST OFFICE

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDERDate June 15 20 07

To: Warden

Approved _____

I hereby request that my Trust Account be charged \$ _____ for the purpose stated below and authorize the withdrawal of that sum from my account:

K. 06357
NUMBER

Lawrence Harry Pamer
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.

PURPOSE Copies / & Postage
if necessary for In Forma
Pauperis Application and
mailing to District Court

NAME _____

ADDRESS _____

Lawrence Harry Pamer
PRINT YOUR FULL NAME HERE

VERIFICATION

(C.C.P. §§ 446, 2015.5; 28 U.S.C. § 1746)

1 I, Lawrence Harry Pamer declare under the penalty of perjury that:

2 I am the PLAINTIFF/PETITIONER in the attached; I have read the foregoing
3 document(s) and know the content(s) thereof; that the same is true of my own
4 personal knowledge, or upon information and belief which I believe to be true;
5 that if called to testify as to the contents thereof, I could do so competently
6 as a sworn witness. Executed on this 23 day of July, 2007 at
7 High Desert State Prison, Susanville, California.

8 Lawrence Harry Pamer
DECLARANT / IN PRO SE

PROOF OF SERVICE BY MAIL

(C.C.P. §§ 1013(a), 2015.5; 28 U.S.C. § 1746)

11 I, Lawrence Harry Pamer hereby declare: That I am a resident of
12 H.D.S.P., Susanville, California; am over the age of eighteen (18)
13 years; I am a party to the above entitled action; My Mailing address is
14 H.D.S.P. P.O. Box 3830 Susanville, California.
15

16 I served the attached document(s) entitled: Motion For Enlarge-
17 ment of Time

18 on the persons/parties specified below by placing a true and correct copy of said
19 documents into a sealed envelope(s) with the appropriate postage affixed thereto
20 and placing said envelopes into the United States Mail at: High Desert State

21 Prison, Susanville California addressed as follows:
22 Office of the Clerk, U.S. District Court
23 Northern District of California
24 450 Golden Gate Avenue
San Francisco, California 94102

25 I declare under the penalty of perjury under the laws of the State of
26 California the foregoing is true & correct and that this declaration was executed
27 on 23 day of July, 2007 at Susanville, California.

28 Declarant/Pro/Se Lawrence Harry Pamer Signature Lawrence Harry Pamer